

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

AMENDMENT

10/552368

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2d AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2d AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52						
3			1				53						
4			1				54						
5			1				55						
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43			1				93						
44			1				94						
45			1				95						
46			1				96						
47			1				97						
48			1				98						
49			1				99						
50			1				100						
TOTAL 1ST							TOTAL 1ST						
TOTAL 2ND							TOTAL 2ND						
TOTAL 3RD							TOTAL 3RD						
TOTAL CLAMS							TOTAL CLAMS						

Best Available Copy